DEATH SCENE AND DEPUTY CORONER INVESTIGATION PROTOCOL

Please Type or Print

Decedent's Name _____

Coroner's Case No. _____

County _____

This Death Scene and Deputy Coroner Investigation Protocol, for the evaluation of sudden unexpected infant death, has been approved by the California Department of Health Services pursuant to Government Code, Section 27491.41. This protocol is to be used throughout California to assist medical examiners and coroners to establish the mode, manner, and cause of death for all infants one year of age or younger who die suddenly and unexpectedly and in whom the causes of death are not obvious.

The coroner shall state on the death certificate that sudden infant death syndrome was the cause of death when the coroner's findings are consistent with the following definition:

> **The sudden death of an infant one year of age or younger which is unexpected by the infant's history and where a thorough postmortem examination fails to demonstrate an adequate cause of death.**

Please send copies of all completed Death Scene and Deputy Coroner Investigation Protocols, as well as all Autopsy Protocols (DHS 4437), to:

California Department of Health Services
Maternal and Child Health Branch
Epidemiology Section
714 P Street, Room 476
Sacramento, CA 95814

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Case number	

Infant's full name	Age	Date of birth

Home address (number, street)	Race	Sex ❒ Female ❒ Male

City	State	ZIP code	County	Ethnicity

Police complaint number	Police department	Social Security number

I. CIRCUMSTANCES OF DEATH

Action	Date	Time	By Whom (person or agency)	Remarks
ME/C notified				Receipt by:
NOK notified				Person:
Scene visit				❒ ME/C staff ❒ Other agency ❒ Not done

Scene address:

Condition of infant when found: ❒ Dead (D) ❒ Unresponsive (U) ❒ In distress (I) ❒ NA (N)

Sequence of events before death:

Event	Date	Time	Location (street, city, state, county, ZIP code)	
Injury				
Discovery				
Arrival			Hospital:	Transport by:
Actual death			❒ On scene (S) ❒ Emergency room (E) ❒ Inpatient (I) ❒ En route or DOA (D) ❒ During surgery (O)	
Prononounced dead			By whom: _____ License number: _____ Where: _____	

Event	Date	Time	By Whom (person)	Remarks
Infant placed				Place:
Known alive				Place:
Infant found				Place:
First response				Type:
EMS called				From where:
EMS response			Agency:	
Police response			Agency:	

Place of Fatal Event:

❒ Witness in room or area (W) or ❒ Unwitnessed (U)

❒ At own home (H) or ❒ Away from home (A)

❒ Indoors (I) or ❒ Outdoors (O)

❒ In vehicle (V) or ❒ Not in vehicle (N)

Describe type of place:

DEATH SCENE AND DEPUTY CORONER INVESTIGATION PROTOCOL

Case number

II. BASIC MEDICAL INFORMATION

Health care provider for infant

Telephone number

Medical history: ❒ Not investigated (X) ❒ Unknown (U) ❒ No past problems (N) ❒ Medical problems (P)

Medical source: ❒ Physician (P) ❒ Family (F) ❒ Other (O) ❒ None (N)
❒ Medical records (M) ❒ Other health care provider (H)

Specific Infant Medical History	Yes	No	Unknown	Remarks
A. Problems during labor or delivery Birth hospital: _____ Birth city and state: _____				
B. Maternal illness or complications during pregnancy Number of prenatal visits: _____				
C. Major birth defects				
D. Infant was one of multiple births (e.g., a twin) Birth weight: _____ Gestational age at birth (weeks): _____				
E. Hospitalization of infant after initial discharge				
F. Emergency room visits in past two weeks				
G. Known allergies				
H. Growth and weight gain considered normal				
I. Exposure to contagious disease in past two weeks				
J. Illness in past two weeks				
K. Lethargy, crankiness, or excessive crying in past 48 hours				
L. Appetite changes in past 48 hours				
M. Vomiting or choking in past 48 hours				
N. Fever or excessive sweating in past 48 hours				
O. Diarrhea or stool changes in past 48 hours				
P. Infant has ever stopped breathing or turned blue				
Q. Infant was ever breast-fed				
R. Vaccinations in past 72 hours				
S. Infant injury or other condition not mentioned above				
T. Deceased siblings				

Diet in past two weeks included: ❒ Breast milk ❒ Formula ❒ Cow's milk ❒ Solids

Date of last meal: _____ Time of last meal: _____ Content of last meal: _____

Medication history: ❒ Not investigated (X) ❒ Unknown (U) ❒ Rx (P) ❒ OTC (O) ❒ Home remedies (H) ❒ None (N)

Emergency medical treatment: ❒ Surgery (S) ❒ CPR (R) ❒ IV fluids (F) ❒ Transfusion (T) ❒ None (N)

Medicine names and doses; if prescription, include Rx number, Rx date, and name of pharmacy:	Describe nature and duration of resuscitation and treatments used to revive infant:	Describe any known injuries or marks on infant created or observed during resuscitation or treatment:

DEATH SCENE AND DEPUTY CORONER INVESTIGATION PROTOCOL

Case number

III. HOUSEHOLD ENVIRONMENT

ACTION	Yes	No	Unknown	Remarks
A. House was visited				
B. Evidence of alcohol abuse				
C. Evidence of drug abuse				
D. Serious physical or mental illness in household				
E. Police have been called to home in past				
F. Prior contact with social services				
G. Documented history of child abuse				
H. Odors, fumes, or peeling paint in household				
I. Dampness, visible standing water, or mold growth				
J. Pets in household				

Type of dwelling:	Water source:	Number of bedrooms:
Main language in home:	Estimated annual income:	On public assistance: ❒ Yes ❒ No

Number of adults (≥18 years of age): _____ and children (<18 years of age): _____ living in household. Total = _____ people.

Number of smokers in household: | Does usual caregiver smoke? ❒ Yes ❒ No ❒ Unknown If yes, ____ cigarettes per day

Maternal information	Age:	❒ Married (M) ❒ Single (S) ❒ Divorced (D) ❒ Widowed (W)	Cohabiting with partner ❒ Yes ❒ No	Education (years):	❒ Employed (E) ❒ Not employed (N)

IV. INFANT AND ENVIRONMENT

❒ In crib (C) ❒ In bed (B) ❒ Other (O)_____	❒ Sleeping alone (A) ❒ Sleeping with others (O) ❒ NA (N)	Temperature of area:

Body position when placed: ❒ Unknown ❒ Back ❒ Stomach ❒ Side ❒ Other_____

Body position when found: ❒ Unknown ❒ Back ❒ Stomach ❒ Side ❒ Other_____

Face position when found: ❒ Unknown ❒ To left ❒ To right ❒ Face down ❒ Face up ❒ To side

Nose or mouth was covered or obstructed: ❒ Unknown ❒ Yes ❒ No

Postmortem changes when found: ❒ Unknown ❒ None ❒ Rigor ❒ Lividity ❒ Other_____

Number of cover or blanket layers on infant: ❒ Covers on infant (C) ❒ Wrapped (W) ❒ No covers (N)

Sleeping or supporting surface:	Clothing:
Other items in contact with infant:	Items in crib or immediate environment:

Devices operating in room:	Cooling source in room: ❒ On (+) ❒ Central (C) ❒ None (N) ❒ Off (-) ❒ Space (S)	Heat source in room: ❒ On (+) ❒ Central (C) ❒ None (N) ❒ Off (-) ❒ Space (S)

Item Collected	Yes	No	Item Collected	Yes	No	Number of scene photos taken:
Baby bottle			Apnea monitor			Other items collected:
Formula			Medicines			
Diaper			Pacifier			
Clothing			Bedding			

DEATH SCENE AND DEPUTY CORONER INVESTIGATION PROTOCOL

Case number

V. INTERVIEW AND PROCEDURAL TRACKING

Contact	Name	Date	Time	Telephone	Relationship to Infant
Mother					
Father					
Usual caregiver					
Last caregiver					
Placer					
Last witness					
Finder					
First responder					
EMS caller					
EMS responder					
Police					

Alternate contact person: Telephone number:

Action	Date	Time	Action	Yes	No	NA
Medical record review for infant			Doll reenactment performed			
Medical record review for mother			Scene diagram completed			
Physician or provider interview			Body diagram completed			
Referral to social or SIDS services			Detailed protocol completed			
Cause of death discussed with family			Other:			

VI. OVERALL PRELIMINARY SUMMARY

Notes to pathologist performing autopsy:

Indications that an environmental hazard, drug, poison, or consumer product contributed to death: ❒ Yes ❒ No

Organ or tissue donation requested by family or agency: ❒ Yes ❒ No ❒ Unknown

Cause of death: ❒ Presumed SIDS ❒ Suspect trauma or injury ❒ Other

VII. CASE DISPOSITION

Case disposition: ❒ Case declined (D) due to: ❒ Topic (T) ❒ Locale (L) ❒ Case accepted (J) for: ❒ Autopsy (A) ❒ Inspection (I) ❒ Certification (C)

Body disposition: ❒ Brought in for exam (E) ❒ Brought in for holding or claim (C) ❒ Released from site (R)

Who will sign DC?

Transport agent:

Funeral home:

Investigator:

Date:

Number of supplement pages attached:

Affiliation:

DEATH SCENE AND DEPUTY CORONER INVESTIGATION PROTOCOL

Case number

SCENE DIAGRAM

INSTRUCTIONS

1. Use figure at right for a rectangular room, and use figure below right for a square room. Use a supplementary page to draw an unusually shaped room.

2. Indicate the following on the diagram (check when done):

   - ❒ North direction
   - ❒ Windows and doors
   - ❒ Wall lengths
   - ❒ Ceiling height: _____
   - ❒ Location of furniture
   - ❒ Location of crib or bed
   - ❒ Body location when found
   - ❒ Location of other objects in room
   - ❒ Location of heating and cooling supplies and returns

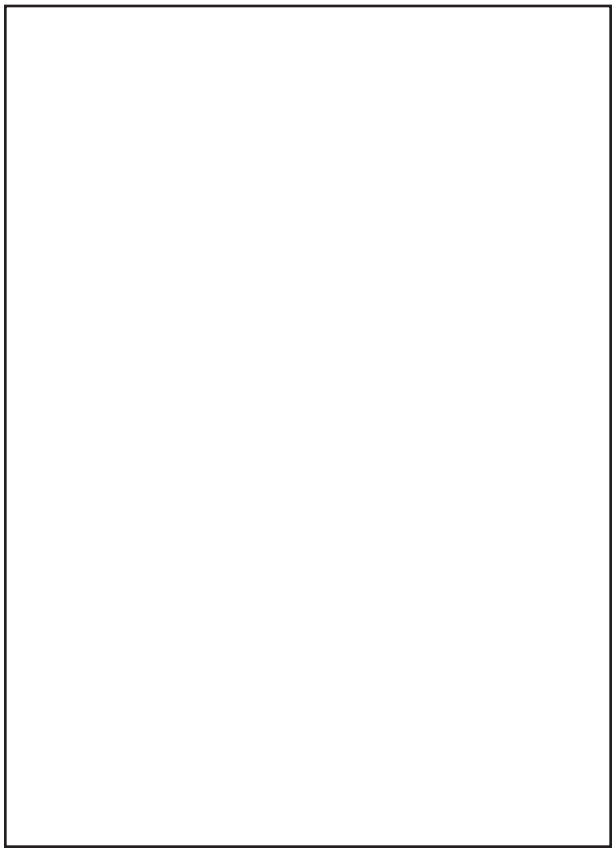
3. Make additional notes or drawings in available spaces as needed.

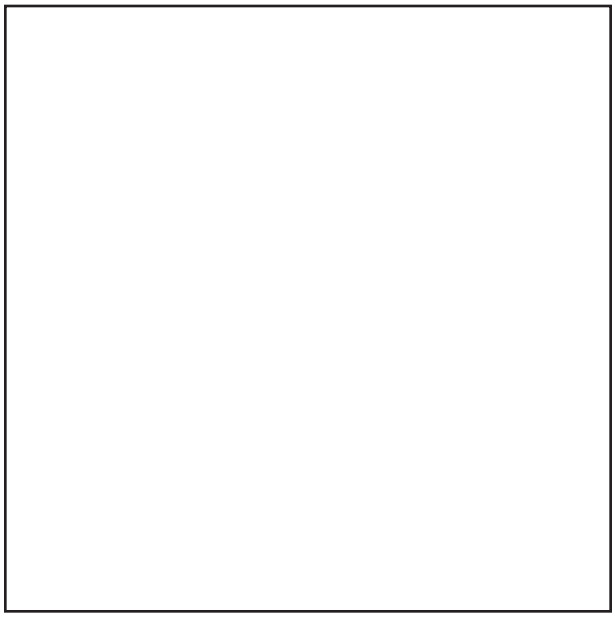
4. Check all that apply about heat source:

   - ❒ Gas furnace or boiler
   - ❒ Electric furnace or boiler
   - ❒ Forced air
   - ❒ Steam or hot water
   - ❒ Electric baseboard
   - ❒ Other: _____
   - ❒ None

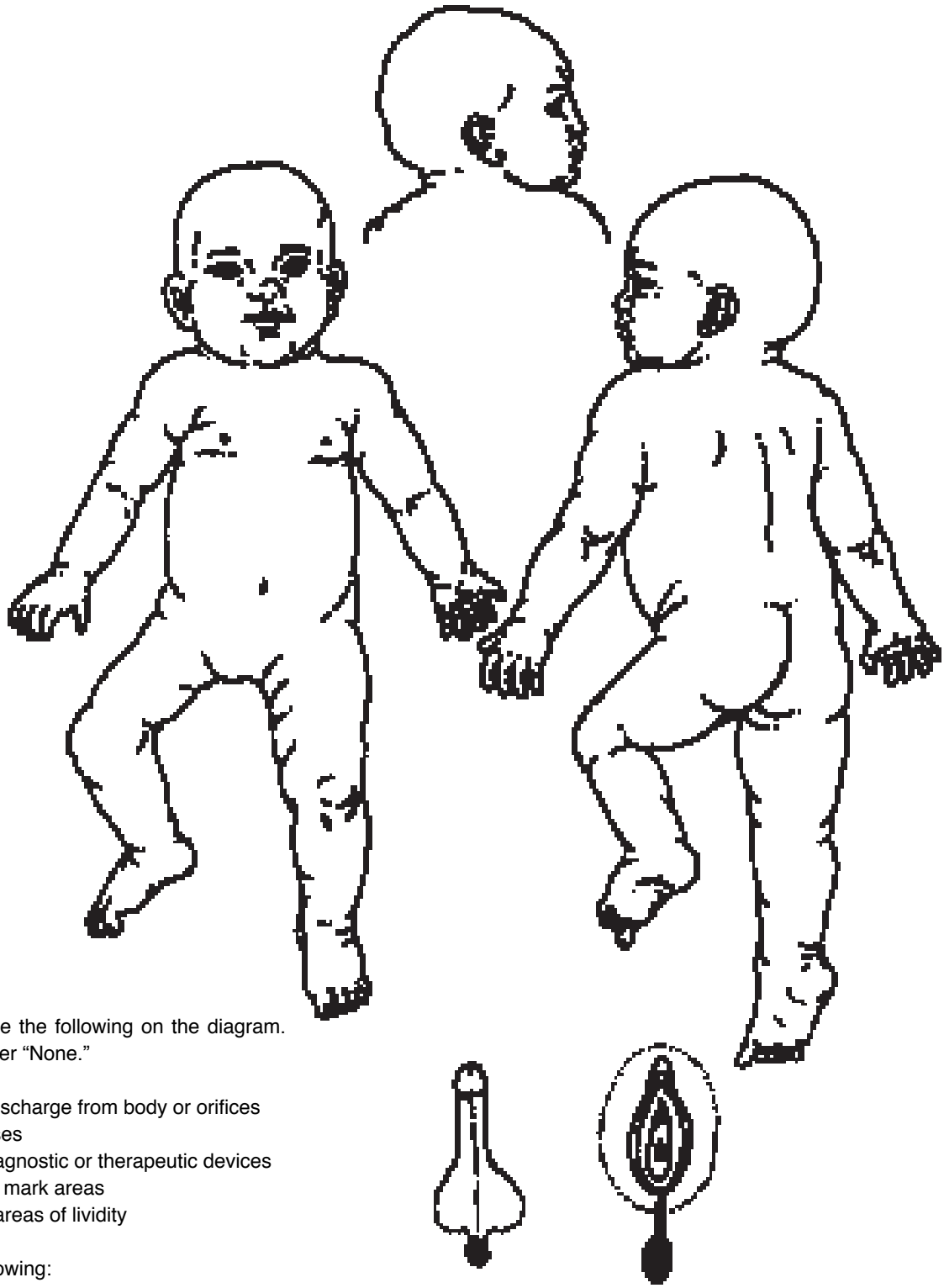
5. Complete the following:

   Thermostat setting: _____
   Thermostat reading: _____
   Actual room temperature: _____
   Outside temperature: _____





BABY DIAGRAM



INSTRUCTIONS

1. If present, indicate the following on the diagram. If not present, enter "None."

   - ❒ Drainage or discharge from body or orifices
   - ❒ Marks or bruises
   - ❒ Location of diagnostic or therapeutic devices
   - ❒ Pale pressure mark areas
   - ❒ Predominate areas of lividity

2. Complete the following:

   Body temperature: _____
   Source of temperature: _____

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Case number

SUPPLEMENT

DHS 4439 (1/99)